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Bib Data Sheet

CONFIRMATION NO. 7252

SERIAL NUMBER 10/840,140	FILING DATE 05/06/2004  RULE	CLASS 340	GROUP ART UNIT 2636	ATTORNEY DOCKET NO. CECE 3.0-001
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None, R

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None, R

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 07/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
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ADDRESS  
 Ezra Sutton  
 Plaza 9  
 900 Route 9  
 Woodbridge , NJ  
 07095

TITLE  
 Sleep prevention device while driving

FILING FEE  RECEIVED 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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